

HOLDER REPORT FORM (ZERO REPORTS)

INSTRUCTIONS

- Line 1:** Enter the holder's name & current mailing address. Please type or legibly print.
- Line 2:** If there has been a change in the name of the holder or in the address, print that information here.
- Line 3:** Enter the holder's federal identification number. Enter the name and telephone number of the person we should call about the report.
- Line 4:** Enter the holder's state and date of incorporation as well as the date of the holder's fiscal year end.
- Line 5:** Enter the holder's total assets, annual sales/income and number of employees nationwide.
- Line 6:** If all branches, divisions & subsidiaries of the holder are **not** covered by this report, check no.
- Line 7:** If the company has had a name change, check name change and list the previous and current name. If a merger has taken place, list the primary and secondary holder names.

NOTE: Diskette reporting is not available for zero reports.

NOTE: Holders with no unclaimed property to report are required to file a negative (zero) report.

Only use this form if you DO NOT have any properties to report.

Sign and date the verification section of this report before remitting.

2009 DISKETTE REPORTING IS NOT AVAILABLE HOLDER REPORT FORM (ZERO REPORT)

By using this report form, I affirm that all records have been researched per KRS Chapter 393 and no unclaimed property is reportable.

1. HOLDER NAME & ADDRESS:
Place label from back cover here

2. Below insert name or address changes

3. FEIN _____ Contact Person: _____ Tel. # _____

4. State of Incorporation _____ Date of Inc. _____ Fiscal year end _____

5. Total Assets _____ Annual sales/income _____ # Employees _____

6. Does this report include all branches, divisions & subsidiaries? ☐ Yes ☐ No

7. If Company has changed its name or completed a merger, complete this section.

☐ Name change From: _____ To: _____

☐ Merge Primary: _____ Secondary: _____

VERIFICATION

I, _____, swear that I have prepared, or have caused to be prepared, and have examined this report as to property presumed abandoned under KRS 393 and other applicable state laws. I am duly authorized to execute this verification by the holder and by law. To the best of my knowledge and belief, said report is true, correct, and complete.

Signature _____

Title _____

Date _____

DO YOU NEED MORE TIME? (SEE PAGE 18)

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